



DAILY ACTIVITIES QUESTIONNAIRE

Proposed Insured's Name: _____ DOB: _____ Sex: M F
 Tobacco Use: Yes No Amount: _____ Height: _____ Ft. In. Weight: _____
 Broker's Name: _____ Face Amount: _____
 BGA: _____ Phone: _____ Fax: _____

Proposed Insured please answer the following:

1. Do you engage in any type of exercise? Yes No
If yes, please describe (What kind? Where? How frequently?)

2. Do you pursue any hobbies or other activities? Yes No
If yes, please describe (What? How frequently?)

3. Do you work as a volunteer? Yes No
If yes, please describe (What? How frequently?)

4. List all medications currently being taken:

Medication	Frequency	Medication	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Have you fallen or been judged injured in the past three years Yes No
If yes, please give details:

6. In case of emergency, is there someone else in the household Yes No
If yes, please give details:

7. When did you last drive an automobile?
In the past five years, have you had any driving violations or accident Yes No
If yes, please give details:

8. Do you perform regular household tasks, i.e., cooking, cleaning, lawn mowing, shopping
 Yes No Which ones?

9. Do you have a pet? Yes No What kind?

10. Do you ever use a cane, walker or wheelchair Yes No
If yes, what do you use and how often?

11. Do you manage your own finances? Yes No

Date: _____ Proposed Insured's Signature: _____